Revision:

HCFA-PM-94-5 APRIL 1994 (MB)

State/Territory:

FLORIDA

SECTION 3 - SERVICES: GENERAL PROVISIONS

## Citation

42 CFR
Part 440,
Subpart B
1902(a), 1902(e),
1905(a), 1905(p),
1915, 1920, and
1925 of the Act

3.1 Amount, Duration, and Scope of Services

(a) Medicaid is provided in accordance with the requirements of 42 CFR Part 440, Subpart B and sections 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act.

## (1) Categorically needy.

Services for the categorically needy are described below and in ATTACHMENT 3.1-A. These services include:

1902(a)(10)(A) and -1905(a) of the Act

- (i) Each item or service listed in section 1905(a)(1) through (5) and (21) of the Act, is provided as defined in 42 CFR Part 440, Subpart A, or, for EPSDT services, section 1905(r) and 42 CFR Part 441, Subpart B.
- (ii) Murse-midwife services listed in section 1905(a)(17) of the Act, are provided to the extent that nurse-midwives are authorized to practice under State law or regulation and without regard to whether the services are furnished in the area of management of the care of mothers and babies throughout the maternity cycle. Murse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.
  - Mot applicable. Murse-midwives are not authorized to practice in this State.

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TN No. 91-50

Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

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State/Territory: \_\_\_\_\_FLORIDA

Citation .

3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)

1902(e)(5) of the Act

- Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.
- $\sqrt{X}$  (iv) Services for medical conditions that may complicate the pregnancy (other than pregnancy-related or postpartum services) are provided to pregnant women.
- 1902(a)(10), clause (VII) of the matter following (E) of the Act

(v) Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy are the same services provided to poverty level pregnant women eligible under the provision of sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.

91-50 TN No. Approval Date Supersedes TN No. 91-03

Effective Date \_\_\_\_10/1/91

HCFA ID: 7982E

Revision: HCFA-PM-92-7 (MB) October 1992

	State/Ter	ritory: _	FLC	DRIDA
Citation		3.1(a)(1)		unt, Duration, and Scope of Services: egorically Needy (Continued)
1901(a)(10	))(D)		(vi)	Home health services are provided to individuals entitled to nursing facility services as indicated in item 3.1(b) of this plan.
1902(e)(7) the Act	of		(vii)	Inpatient services that are being furnished to infants and children described in section 1902(1)(1)(B) through (D), or section 1905(n)(2) of the Act on the date the infant or child attains the maximum age for coverage under the approved State plan will continue until the end of the stay for which the inpatient services are furnished.
1902(e)(9) Act	of the	<u>x</u>	(viii)	Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.
1902(a)(52 and 1925 c Act			(ix)	Services are provided to families eligible under section 1925 of the Act as indicated in item 3.5 of this plan.
1905(a)(23 and 1929	)		(x)	Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy, specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

TN No. 93-07
Supersedes Approval Date JUN 1 1993 Effective Date 1/1/93
TN No. 91-50

	State/Territ	ory: FLORIDA
Citation	3.1(a)(1)	Amount, Duration and Scope of Services Categorically Needy (Continued)
1905(a)(26) and 1934	_x_	Program of All-Inclusive Care for the elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy, specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services for conditions that may complicate the pregnancy.

TN No. 98-21 Supersedes TN No. NEW

Approval Date 12/9/96

Revision: HCFA-PM-91-4 (BPD) AUGUST 1991

OMB No.: 0938-

State/Territory: FLORIDA

Citation

Amount, Duration, and Scope of Services (continued)

Subpart B

42 CFR Part 440, (a)(2) Medically needy.

/<del>X</del> /

This State plan covers the medically needy. The services described below and in ATTACHMENT 3.1-B are provided.

Services for the medically needy include:

1902(a)(10)(C)(iv) of the Act

42 CFR 440.220

- (i) If services in an institution for mental diseases (42 CFR 440.140 and 440.160) or an intermediate care facility for the mentally retarded (or both) are provided to any medically needy group, then each medically needy group is provided either the services listed in section 1905(a)(1) through (5) and (17) of the Act, or seven of the services listed in section 1905(a)(1) through (20). The services are provided as defined in 42 CFR Part 440, Subpart A and in sections 1902, 1905, and 1915 of the Act.
  - 17 Not applicable with respect to nurse-midwife services under section 1902(a)(17). Nurse-midwives are not authorized to practice in this State.

1902(e)(5) of the Act

(ii) Prenatal care and delivery services for pregnant women.

OCT 6 TN No. 91-50 Supersedes Approval Date TN No. 88-20

Effective Date \_\_\_\_10/1/91

HCFA ID: 7982E

Revised Submission FEE - 3

HCFA-PM-91-4 Revision: (BPD) OMB No.: 0938-AUGUST 1991 State/Territory: FLORIDA 3.1(a)(2) Citation Amount, Duration, and Scope of Services: Medically Needy (Continued) (iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day the pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.  $\sqrt{X/}$  (iv) Services for any other medical condition that may complicate the pregnancy (other than pregnancy-related and postpartum services) are provided to prequant women. (v) Ambulatory services, as defined in ATTACHMENT 3.1-B, for recipients under age 18 and recipients entitled to institutional services. /X/ Not applicable with respect to recipients entitled to institutional services; the plan does not cover those services for the medically needy. (vi) Home health services to recipients entitled to nursing facility services as indicated in item 3.1(b) of this plan. //(vii)Services in an institution for mental 42 CFR 440.140, 440.150, diseases for individuals over age 65.. Subpart B, 442.441, /\_/(viii)Services in an intermediate care Subpart C facility for the mentally retarded. 1902(a)(20) and (21) of the Act  $\sqrt{\phantom{a}}$  (ix) Inpatient psychiatric services for 42 CFR 440.150

TN No. 91-50 Supersedes Approval Date OCT 6 1992 TN No. 90-53	Effective Date10/1/91
IN NO	HCFA ID: 7982E
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individuals under age 21.

and 440.160

Revision: HCFA-PM-93- 5 (MB)

MAY 1993

State: FLORIDA\_\_\_\_

Citation

3.1(a)(2) Amount, Duration, and Scope of Services:

Medically Needy (Continued)

1902(e)(9) of Act

X (x) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.

1905(a)(23) and 1929 of the Act (xi) Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies the services provided to each covered group of the medically needy; specifies all limitations on the amount, duration, and scope of those items; and specifies the ambulatory services provided under this plan and any limitations on them. It also lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

TN No. 93-44

Approval Date

11-19-93

	State/Territ	ory:FLORIDA
Citation	3.1(a)(2)	Amount, Duration and Scope of Services Medically Needy (Continued)
1905(a)(26) and 1934		Program of All-Inclusive Care for the elderly (PACE) services, as described and limited in Supplement 3 to

Attachment 3.1-A.

ATTACHMENT 3.1-B identifies services provided to each covered group of the medically needy; specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services for conditions that may complicate the pregnancy.

TN No. 98-21 Supersedes TN No. NEW Effective 10/1/98

Revision:	HCFA-PM-9 April 1998	8-1 (C	MSO)	
		Sta	te:	FLORIDA
Citation		3.1	Amount, Du	uration, and Scope of Services (continued)
			(a)(3)	Other Required Special Groups: Qualified Medicare Beneficiaries
1902(a)(10) and clause ( of the matte following (F and 1905(p) of the Act	VIII) or or),			Medicare cost sharing for qualified Medicare beneficiaries described in section 1905(p) of the Act is provided only as indicated in item 3.2 of this plan.
1902(a)(10) (E)(ii) and 1905(s) of th Act			(a)(4)(i)	Other Required Special Groups: Qualified Disabled and Working Individuals
			Medicare Part A premiums for qualified disabled and working individuals described in section 1902(a)(10)(E)(ii) of the Act are provided as indicated in item 3.2 of this plan.	
1902(a)(10) (E)(iii) and 1905(p)(3)(A) of the Act			(ii)	Other Required Special Groups: Specified Low-Income Medicare Beneficiaries
	Α)(ΙΙ)		Medicare Part B premiums for specified low-income Medicare beneficiaries described in section 1902(a)(10)(E)(iii) of the Act are provided as indicated in item 3.2 of this plan.	
1902(a)(10) (E)(iv)(I)19 (A)(ii), and the Act	05(p)(3)		(iii)	Other Required Special Groups: Qualifying Individuals - 1
			Medicare Part B premiums for qualifying individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.	

TN No. 98-01 Supersedes TN No. 93-08

Approval Date 610 90

Effective Date \_\_\_4/1/98

## 21 (continued)

Revision:	HCFA-PM-98 April 1998	3-1 (CMSO)	
		State:	FLORIDA
1902(a)(10) (E)(iv)(II), 1 (A)(iv)(II), 1 the Act		(iv)	Other Required Special Groups: Qualifying Individuals - 2  The portion of the amount of increase to the Medicare Part B premium attributable to the Home Health provisions for qualifying individuals described in 1902(A)(10)(E)(iv)(II) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.
1925 of the Act		(a)(5)	Other Required Special Groups: Families Receiving Extended Medicaid Benefits
			Extended Medicaid benefits for families described in section 1925 of the Act are provided as indicated in item 3.5 of this plan.
TN No	98-01		Effective Date 4/1/98
Supersedes TN No.	NEW	Approval Date <u>4</u>	1098